

**DIVISION OF HEALTH SERVICES REGULATION  
RHODE ISLAND BOARD OF PHARMACY**

**3 CAPITOL HILL  
CONFERENCE ROOM 401  
PROVIDENCE, RHODE ISLAND**

**THURSDAY December 17, 2015  
8:30 AM**

**OPEN SESSION MINUTES**

**BOARD MEMBERS IN ATTENDANCE**

**Annmarie Arvanites, Thomas Bourque, Robert Iacobucci, Leo Lariviere, Kelly Orr, Lorraine Quirk, Stacey Ranucci, Maybelle Reyes, Dennis Riley**

**BOARD MEMBERS NOT PRESENT**

**STAFF IN ATTENDANCE**

**Peter Ragosta, RPh**

**Scott Campbell, RPh**

**Colleen McCarthy, Esq.**

## **OTHERS IN ATTENDANCE**

**Gina Andrew**

### **1. Establishment of a quorum**

**A meeting of the RI Board of Pharmacy was held on 12/17/2015 at the Rhode Island Department of Health, Conference Room #401, 3 Capitol Hill, Providence, RI 02908. A quorum was established and the Open Session meeting was called to order at 8:43am on a motion by Kelly Orr and seconded by Stacey Ranucci. The motion carried.**

### **2. Presentation of the 11/19/15 Open Session Meeting Minutes**

**The motion was made by Kelly Orr and seconded by Annmarie Arvanites to accept the Open Session minutes of 11/19/2015 meeting as read. The Board voted unanimously to approve the Open Session minutes. Motion carried.**

### **3. Chief Administrative Officer Report**

**a. Dr. Nicole Alexander-Scott was not in attendance**

**b. Position statements taken by the Board of Pharmacy – communications on various positions agreed upon by the Board of**

**Pharmacy should be submitted to the Director of Health and not to outside entities.**

#### **4. Old Business**

**There was no old business to report.**

#### **5. New Business**

**a. New Licenses: Annmarie Arvanites made the motion seconded by Stacey Ranucci to approve the new licenses.**

**b. Discussion: Should sterile compounding pharmacies report contaminations to Board of Pharmacy?**

**Public commented that it is not unusual for a sterile compounding pharmacy to get a positive test result for bacteria or mold, it is more important to understand what the sterile compounding pharmacy does about the positive test result. What is the corrective action plan (CAP)? Will there too much data for health to handle? Not every positive result needs to be sent into the DOH-Pharmacy, only abnormal results, which means outside 797 standards for different classifications of rooms. Board member suggested this is another reason to have different pharmacy classifications for licenses. Public suggested quarterly reporting form, from the sterile compounder to the Pharmacy Inspector. Board member asked could DOH-Pharmacy Create a form for sterile compounders to send to DOH about testing results. Should out of state pharmacies have to have pass NABP 797**

inspection? Board member suggested creating a list of what classification of sterile compounding (low, medium, high) each RI sterile compounding pharmacy is doing. Another board member suggested having companies send in the corrective action plan (CAP) for any abnormal reports. Board staff to bring a list of compounders, create reporting form with a CAP if a positive test result to the board for January 2016 meeting.

**c. Discussion: pharmacist license renewal period**

DOH is trying to reduce the application form to 2 or 3 pages. Also changing pharmacists license renewal from 1 to 2 years. Also looking at reducing the yearly fee. Move the renewal period to January to December instead of July to June. RI maybe move the first one to 18 months to get it on the January to December schedule.

**d. Discussion: tech 1 license portability and miscellaneous issues:** reason for the old technician 1 license be store specific is to make sure the employee is trained, and tracking where someone is working. Board agrees Pharm tech 1 should be portable as training will take place at different places of employment. Also will avoid tech 1 working in violation if they didn't notify the board of new employer. This should also decrease the administrative burden on DOH licensing department.

**e. Discussion: qualifications to be PIC:** Do the pharmacists know what they are getting into when they sign up to be the PIC? Should someone have to be a RPH for 1 or 2 years before they become a PIC? Questions and comments by the Board and Board staff: RPH should read the regulations and be aware of what they are signing up

**for. NH has a PIC exam. Should the PIC come before the board to be interviewed? Should we have a CE requirements for PIC's. How many PIC changes happen last year? NH How many people took the exam, how many failed, what happened if they did?**

## **6. Motion to adjourn to Closed Session**

**A motion was made by Kelly Orr and seconded by Annmarie Arvanites to adjourn to Closed Session at 9:40 am. Motion carried. Pursuant to Sections 42-46-4 and 42-46-5(a)(1) of the Rhode Island General Laws, for the purpose of discussing job performance, character, physical or mental health of applicants for licensure. Said individuals have been notified in advance by writing that they may request that the discussion be held at an open meeting. Also, pursuant to Sections 42-46-4 and 42-46-5(a)(4) of the Rhode Island General Laws, for investigatory proceedings regarding allegations of civil or criminal misconduct.**

## **7. Return to Open session**

**Motion was made by Stacey Ranucci and seconded by Bob Iacobucci at 10:15am to re-open the Open Session and to seal the minutes of the Closed Session pursuant to Sections 42-46-4, 42-46-5, and 42-46-7 of the Rhode Island General Laws.**

## **8. Final Actions on all votes taken in Closed Session**

- **One (1) NUPC with Letter Of Concern, one (1) NUPC**

## **9. Adjournment**

**Motion by Bob Iacobucci and seconded by Maybelle Reyes to adjourn at 10:30am. Motion carried.**